



# Disasters management organization in France



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# Basics of the disaster management concept



Massive influx of victims over usual capacities of health facilities to manage



Uniqueness of pathologies

Need of triage to save a maximum of victims

Must avoid to bring back the disaster to the hospital

Obligation to organize the flow of medical evacuations

Request to reorganize hospital care channels to return asap to a normal situation





# Disaster preparedness in France

Old tradition inherited from the Napoleonic wars  
in the eighth century

The French State provides care and coordinates  
relief

The means involved in the relief are organized  
through general and specific guidelines or plans

Organization related to Health crises, Catastrophic  
accidents limited effects (CALE), Major disasters

## Civilian security response plan (ministry of internal security)

Describe the permanent  
governmental organization in  
case of disaster

Four levels of response  
depending on the area concerned  
(region, limited geographical  
area, maritime or city)

All public services are under the  
order of the regional prefect  
including firefighters, the  
emergency medical aid service,  
police or army involved in the  
security

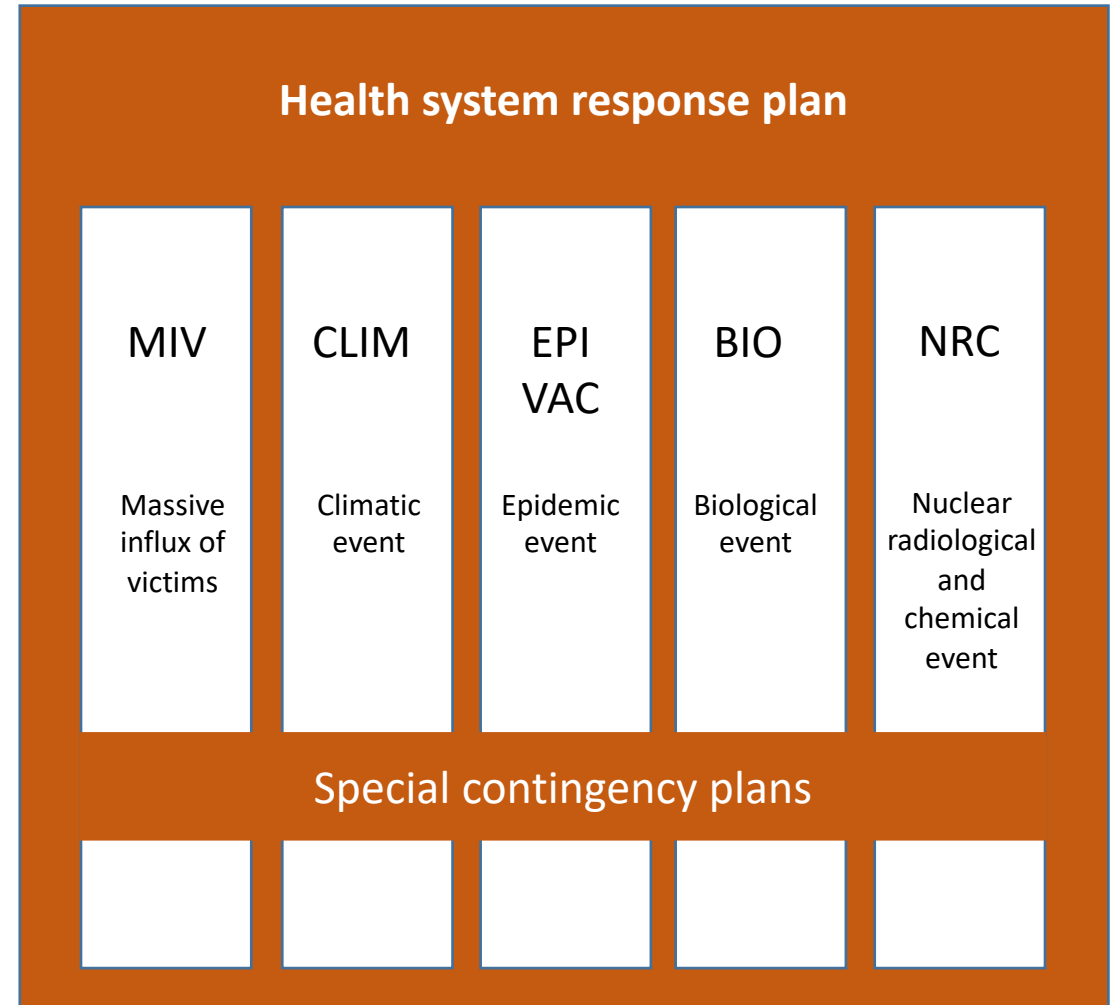
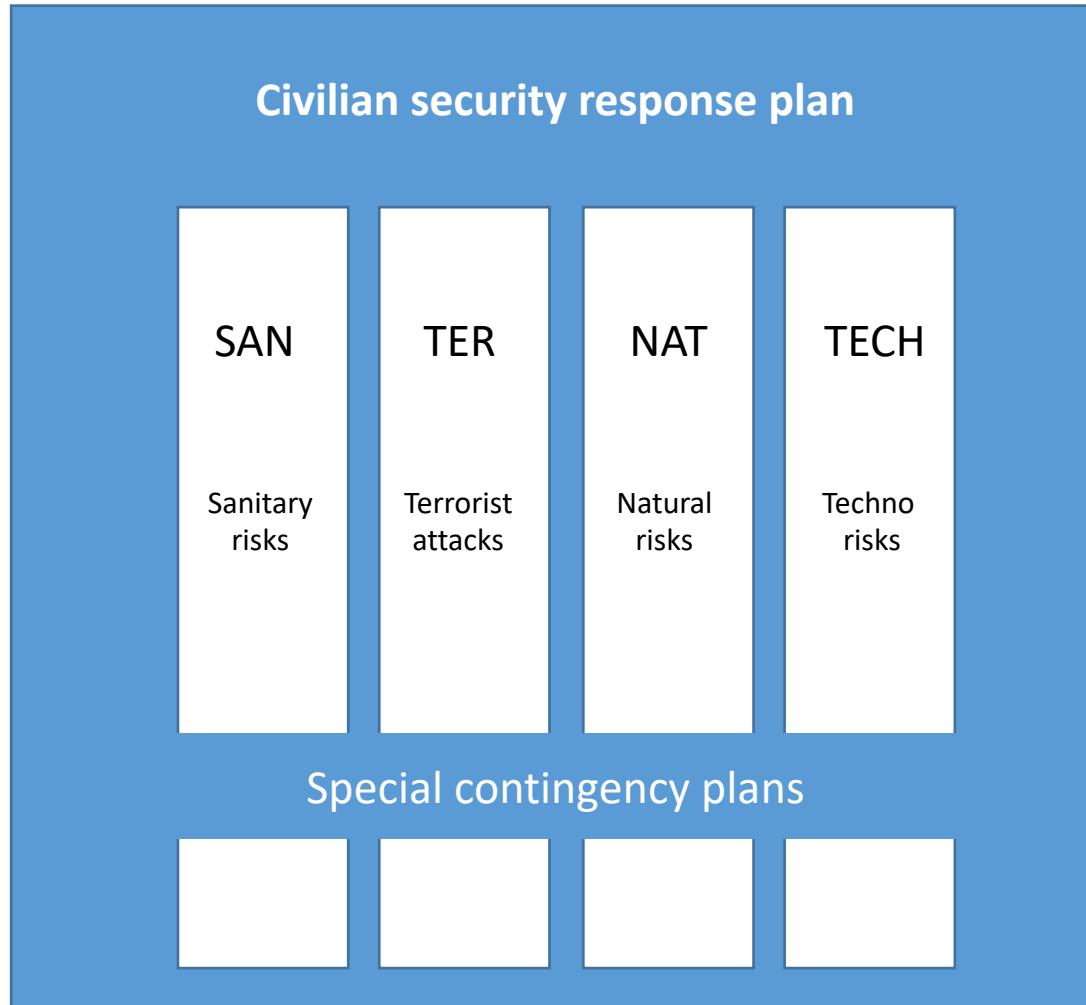
## Health system response plan (ministry of health)

Describe the permanent health  
system organization in case of  
disaster

Five sections according to the  
type of disaster

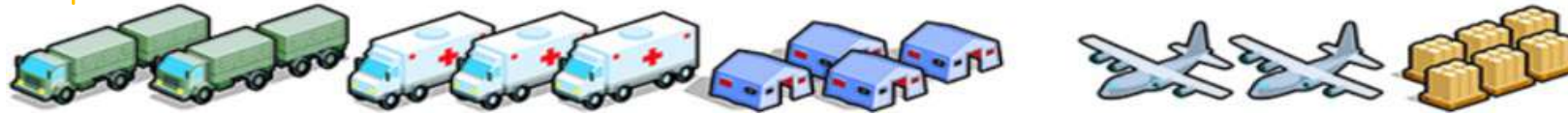
This part is still under the order of  
the regional prefect. Major role of  
the director of the regional health  
agency. Each hospital director is  
in charge of the disaster  
management at the  
establishment level.

# Plans and guidelines in France



# Decisional and coordination levels

Europe



**MIC**  
Monitoring and information centre

France



**IOCCM**  
Interministerial Operational Centre of Crisis Management

Regional



**ROC**  
Regional Operational Centre

District



**DOC**  
District Operational Centre

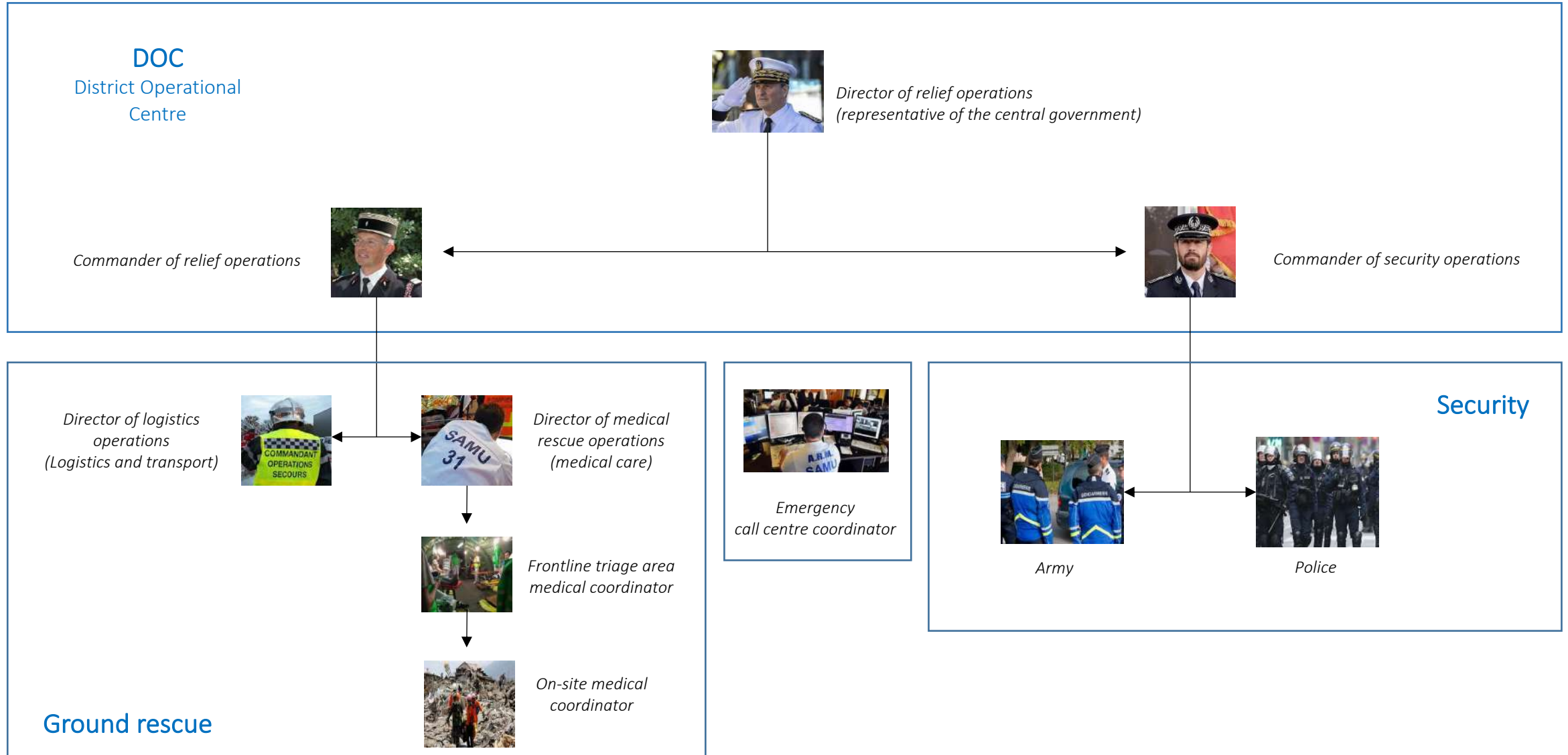
City



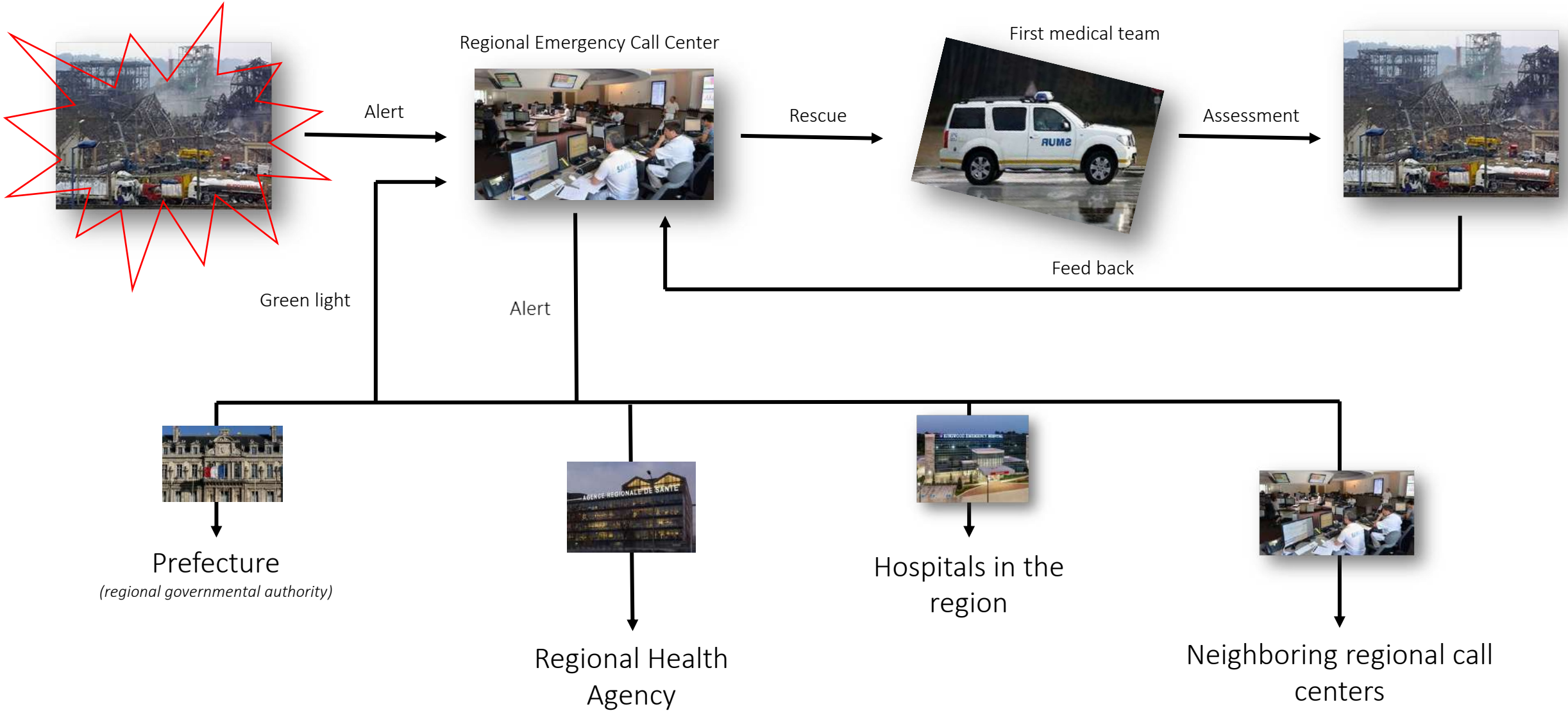
**COH**  
City Operational Headquarter



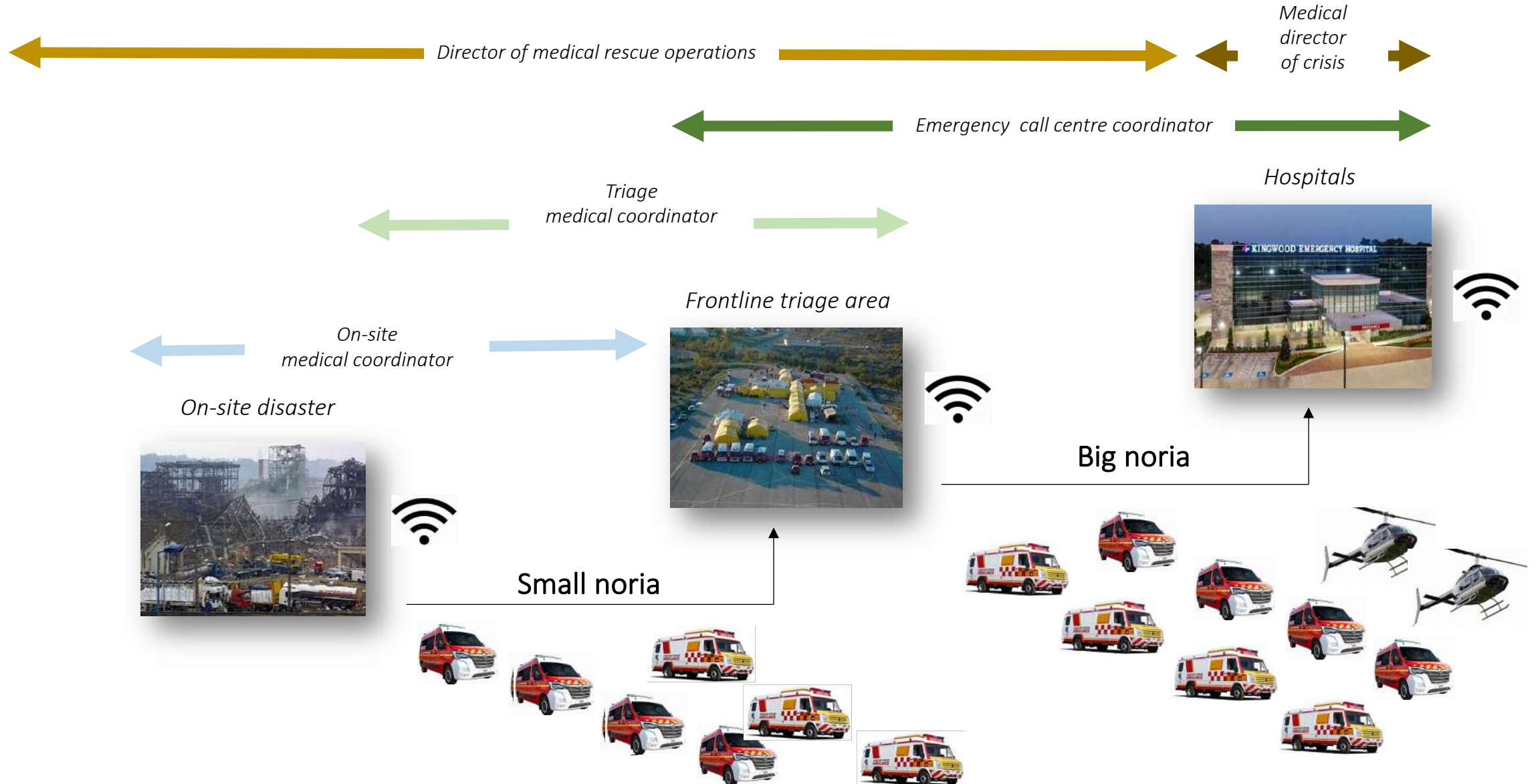
# Local chain of command



# Alert flowchart

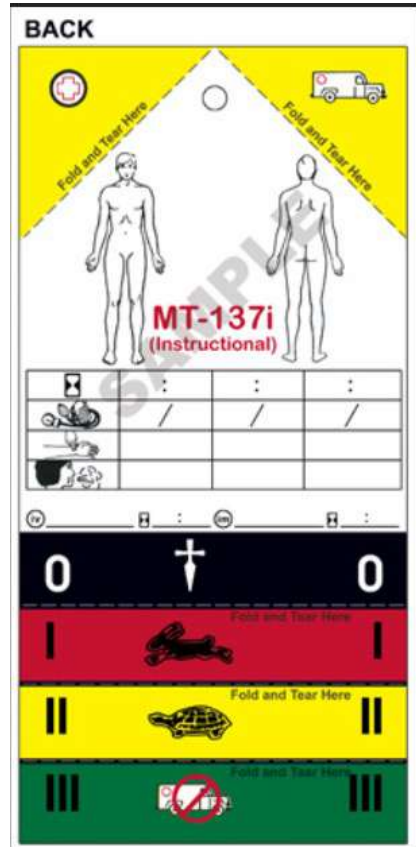


# Chain of rescue





# Triage concept



Sample of victim's tag

Triage is an old care organization technique based on military practice initiated by Jean Larrey, surgeon in Napoleon's army (1766 – 1842)

Objective is an efficient management of resources to save a maximum of victims

Triage starts from on-site disaster and carry on in the frontline health facility area

START system in case of event if limited effects (USA)

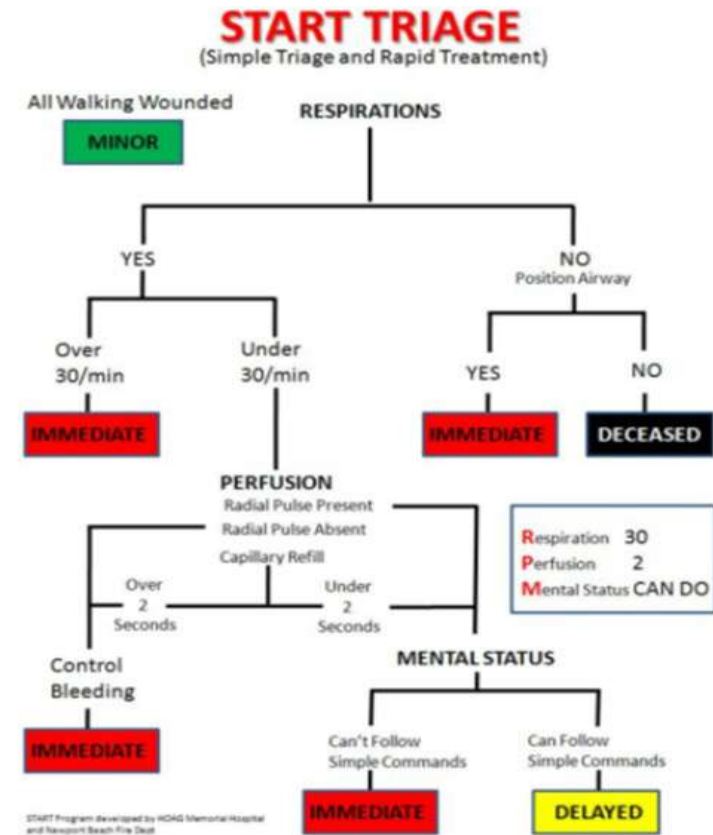
Different ethical approach if mass casualty where desperate cases are given up (palliative care) to focus resources on salvageable patients

Categorization in four different levels commonly admitted according to the seriousness of wounds

Crucial role of on-site doctors and chief medical officer in the frontline medical post

# Triage ranking

Category	Meaning	Consequences	Examples
T1 (I)	Acute danger for life	Immediate treatment, transport as soon as possible	Arterial lesions, internal haemorrhage, major amputations
T2 (II)	Severe injury	Constant observation and rapid treatment, transport as soon as practical	Minor amputations, flesh wounds, fractures and dislocations
T3 (III)	Minor injury or no injury	Treatment when practical, transport and/or discharge when possible	Minor lacerations, sprains, abrasions
T4 (IV)	No or small chance of survival	Observation and if possible administration of analgesics	Severe injuries, uncompensated blood loss, negative neurological assessment
	Deceased	Collection and guarding of bodies, identification when possible	Injuries not compatible with life, no spontaneous breathing after clearing of airway, downgraded from T1-4



# On-site organization



*Chemical factory in France blew up in 2001 –  
3500 victims*

Role of the first emergency doctor arriving on-site +++

Division of the disaster site into work areas

Distribution of personnel already on site in connection with the fire  
fighter officer

Creation of a victims' assembly area for evacuation to the frontline  
medical post

Possibility of direct medevac by helicopter if disaster with limited  
effects

Supervision by the director of medical rescue operations who ensure  
the link with the Regional Crisis Centre (*coordination, logistics and HR  
management*) and the Regional Emergency Call Centre (*medical  
evacuation coordination to hospitals*)

# Frontline medical post



Provide early medical care

Buffer zone to avoid a massive influx into hospitals and give them time to prepare

Managed by the chief medical officer assisted by the evacuation officer (firefighter)

Zone divided in six areas (triage, life-threatening emergencies, differing emergencies, psychological support, morgue, evacuation area)

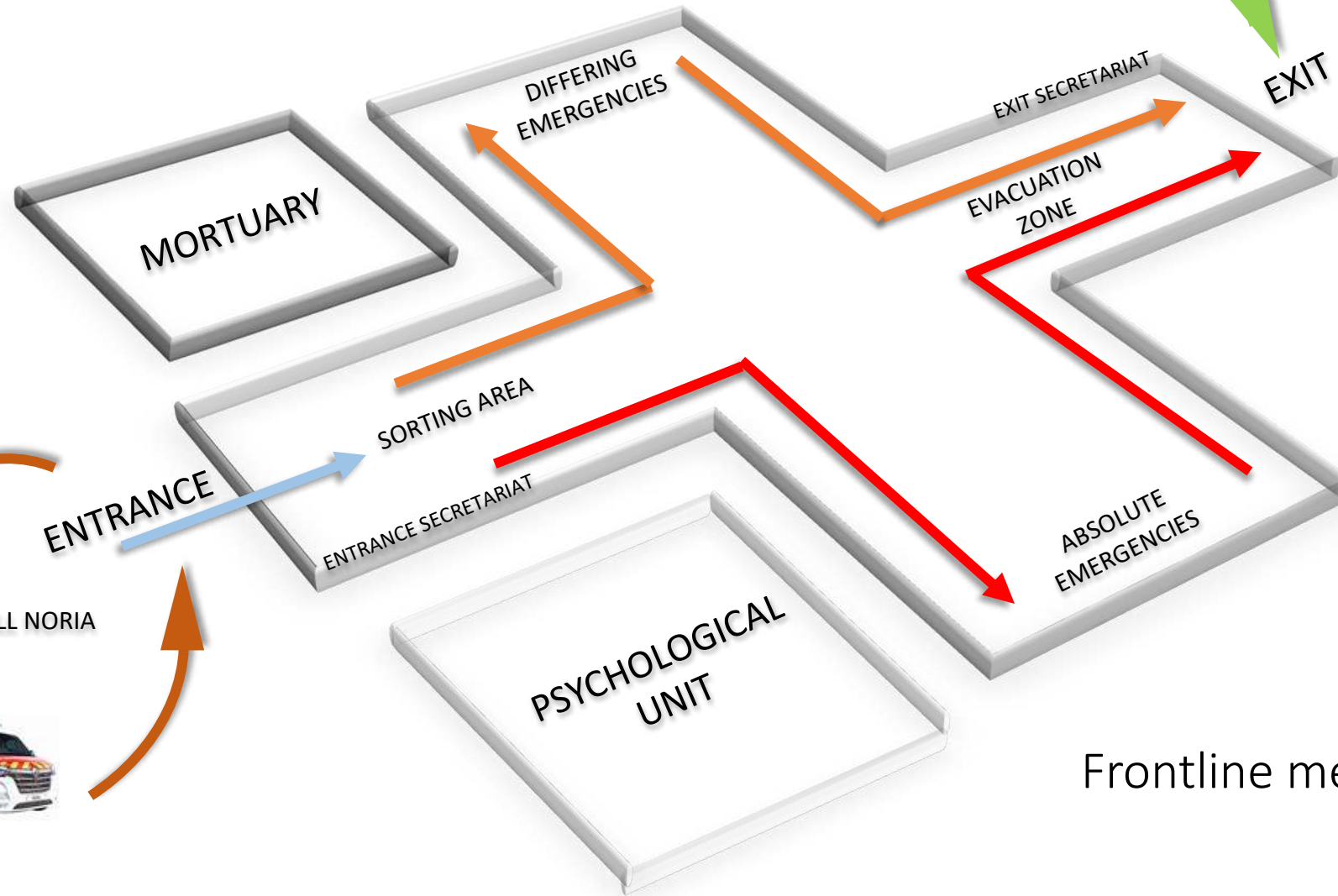
Triage and stabilization of patients in the different work areas

Coordination of medevac in link with the Regional Emergency Call Center





BIG NORIA



SMALL NORIA

Frontline medical post organization

# Main specific equipment



Name	Contents	Capacities
First contact	4 trunks	15 pax/ 1 day
Sanitary mobile post 1	11 trunks + 2 batches of antidotes	25 pax/ 1 day
Sanitary mobile post 2	156 trunks + 4 batches of antidotes	500 pax/ 1 day
Overseas mobile post	120 trunks including surgery means	400 pax/ 2 days
NRBC	NRBC outfits Decontamination tent	25 pax/ 1 day
Communications	One mobile truck with satellite means	Short and long distance

*“211 references of medicines, medical equipment and others”*

# Communication et telemedicine



Key point of the disaster management

Must compensate for disruptions in frequent communication networks in the event of a disaster

Encompasses push-to-talk radios with relay antenna, satellite phones, drones, connected glasses

Allows on-site staff to communicate with each other

Allows the on-site chief medical officer, frontline chief medical officer and director of medical rescue operations to keep in touch

Gives the possibility to get a permanent visual on the site of disaster and frontline medical post

Allows an easier understanding and coordination of the crisis centre

# Health facilities preparedness

Principle of continuity of the public service (managing the crisis with minimal impact on non-deferrable activities)

Activation of the crisis committee

Activation of the regional coordination of hospitals

Identification of immediate and deferred resources available

Duplication of the medical regulation

Maintain and recall of health workers at work

Deployment of health workers according to the needs

Stopping of all deferrable activities

Release of beds by early return of patients to their homes or transfers to private institutions

Activation of the supply chain

Reorganization of care channels by categories

Set up of the institutional communication channel

Organization of the families reception and information







Managing a health crisis requires rigor and a perfect knowledge of the procedures and the role of each

Above all, it is a question of not adding disorder to the chaos



Thank you !